

§4.115b

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	Rat- ing
Long-term drug therapy, 1–2 hospitalizations per year and/or requiring intermittent intensive management	10

[59 FR 2527, Jan. 18, 1994; 59 FR 10676, Mar. 7, 1994]

§4.115b Ratings of the genitourinary system—diagnoses.

	Rat- ing
<p>Note: When evaluating any claim involving loss or loss of use of one or more creative organs, refer to §3.350 of this chapter to determine whether the veteran may be entitled to special monthly compensation. Footnotes in the schedule indicate conditions which potentially establish entitlement to special monthly compensation; however, there are other conditions in this section which under certain circumstances also establish entitlement to special monthly compensation.</p>	
7500 Kidney, removal of one: Minimum evaluation	30
Or rate as renal dysfunction if there is nephritis, infection, or pathology of the other.	
7501 Kidney, abscess of: Rate as urinary tract infection
7502 Nephritis, chronic: Rate as renal dysfunction.	
7504 Pyelonephritis, chronic: Rate as renal dysfunction or urinary tract infection, whichever is predominant.	
7505 Kidney, tuberculosis of: Rate in accordance with §§4.88b or 4.89, whichever is appropriate.	
7507 Nephrosclerosis, arteriolar: Rate according to predominant symptoms as renal dysfunction, hypertension or heart disease. If rated under the cardiovascular schedule, however, the percentage rating which would otherwise be assigned will be elevated to the next higher evaluation.	
7508 Nephrolithiasis: Rate as hydronephrosis, <i>except</i> for recurrent stone formation requiring one or more of the following: 1. diet therapy 2. drug therapy 3. invasive or non-invasive procedures more than two times/year	30

	Rat- ing
7509 Hydronephrosis: Severe; Rate as renal dysfunction. Frequent attacks of colic with infection (pyonephrosis), kidney function impaired	30
Frequent attacks of colic, requiring catheter drainage	20
Only an occasional attack of colic, not infected and not requiring catheter drainage	10
7510 Ureterolithiasis: Rate as hydronephrosis, <i>except</i> for recurrent stone formation requiring one or more of the following: 1. diet therapy 2. drug therapy 3. invasive or non-invasive procedures more than two times/year	30
7511 Ureter, stricture of: Rate as hydronephrosis, <i>except</i> for recurrent stone formation requiring one or more of the following: 1. diet therapy 2. drug therapy 3. invasive or non-invasive procedures more than two times/year	30
7512 Cystitis, chronic, includes interstitial and all etiologies, infectious and non-infectious: Rate as voiding dysfunction.	
7515 Bladder, calculus in, with symptoms interfering with function: Rate as voiding dysfunction	
7516 Bladder, fistula of: Rate as voiding dysfunction or urinary tract infection, whichever is predominant.	
Postoperative, suprapubic cystostomy	100
7517 Bladder, injury of: Rate as voiding dysfunction.	
7518 Urethra, stricture of: Rate as voiding dysfunction.	
7519 Urethra, fistula of: Rate as voiding dysfunction.	
Multiple urethroperineal fistulae	100
7520 Penis, removal of half or more	30
Or rate as voiding dysfunction.	
7521 Penis removal of glans	20
Or rate as voiding dysfunction.	
7522 Penis, deformity, with loss of erectile power—20 ¹ .	
7523 Testis, atrophy complete: Both—20 ¹ One—0 ¹	
7524 Testis, removal:	

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	Rat- ing		Rat- ing
Both—30 ¹ One—0 ¹		Note —The 100 percent evaluation shall be assigned as of the date of hospital admission for transplant surgery and shall continue with a mandatory VA examination one year following hospital discharge. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.	
Note: In cases of the removal of one testis as the result of a service-incurred injury or disease, other than an undescended or congenitally undeveloped testis, with the absence or nonfunctioning of the other testis unrelated to service, an evaluation of 30 percent will be assigned for the service-connected testicular loss. Testis, undescended, or congenitally undeveloped is not a ratable disability.		7532 Renal tubular disorders (such as renal glycosurias, aminoacidurias, renal tubular acidosis, Fanconi's syndrome, Bartter's syndrome, related disorders of Henle's loop and proximal or distal nephron function, etc.): Minimum rating for symptomatic condition Or rate as renal dysfunction.	20
7525 Epididymo-orchitis, chronic only: Rate as urinary tract infection. For tubercular infections: Rate in accordance with §§ 4.88b or 4.89, whichever is appropriate.		7533 Cystic diseases of the kidneys (polycystic disease, uremic medullary cystic disease, Medullary sponge kidney, and similar conditions): Rate as renal dysfunction.	
7527 Prostate gland injuries, infections, hypertrophy, postoperative residuals: Rate as voiding dysfunction or urinary tract infection, whichever is predominant.		7534 Atherosclerotic renal disease (renal artery stenosis or atheroembolic renal disease): Rate as renal dysfunction.	
7528 Malignant neoplasms of the genitourinary system 100	100	7535 Toxic nephropathy (antibiotics, radiocontrast agents, nonsteroidal anti-inflammatory agents, heavy metals, and similar agents): Rate as renal dysfunction.	
Note —Following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure, the rating of 100 percent shall continue with a mandatory VA examination at the expiration of six months. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. If there has been no local reoccurrence or metastasis, rate on residuals as voiding dysfunction or renal dysfunction, whichever is predominant.		7536 Glomerulonephritis: Rate as renal dysfunction.	
7529 Benign neoplasms of the genitourinary system: Rate as voiding dysfunction or renal dysfunction, whichever is predominant.		7537 Interstitial nephritis: Rate as renal dysfunction.	
7530 Chronic renal disease requiring regular dialysis: Rate as renal dysfunction.		7538 Papillary necrosis: Rate as renal dysfunction.	
7531 Kidney transplant: Following transplant surgery 100 Thereafter: Rate on residuals as renal dysfunction, minimum rating 30	100 30	7539 Renal amyloid disease: Rate as renal dysfunction.	
		7540 Disseminated intravascular coagulation with renal cortical necrosis: Rate as renal dysfunction.	
		7541 Renal involvement in diabetes mellitus, sickle cell anemia, systemic lupus erythematosus, vasculitis, or other systemic disease processes: Rate as renal dysfunction.	
		7542 Neurogenic bladder: Rate as voiding dysfunction.	

¹ Review for entitlement to special monthly compensation under § 3.350 of this chapter.

[59 FR 2527, Jan. 18, 1994; 59 FR 14567, Mar. 29, 1994, as amended at 59 FR 46339, Sept. 8, 1994]

§4.116

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GYNECOLOGICAL CONDITIONS AND
DISORDERS OF THE BREAST

§4.116 Schedule of ratings—gynecological conditions and disorders of the breast.

	Rating
<p>Note 1: Natural menopause, primary amenorrhea, and pregnancy and childbirth are not disabilities for rating purposes. Chronic residuals of medical or surgical complications of pregnancy may be disabilities for rating purposes.</p> <p>Note 2: When evaluating any claim involving loss or loss of use of one or more creative organs or anatomical loss of one or both breasts, refer to §3.350 of this chapter to determine whether the veteran may be entitled to special monthly compensation. Footnotes in the schedule indicate conditions which potentially establish entitlement to special monthly compensation; however, almost any condition in this section might, under certain circumstances, establish entitlement to special monthly compensation.</p>	
7610 Vulva, disease or injury of (including vulvovaginitis).	
7611 Vagina, disease or injury of.	
7612 Cervix, disease or injury of.	
7613 Uterus, disease, injury, or adhesions of.	
7614 Fallopian tube, disease, injury, or adhesions of (including pelvic inflammatory disease (PID)).	
7615 Ovary, disease, injury, or adhesions of.	
General Rating Formula for Disease, Injury, or Adhesions of Female Reproductive Organs (diagnostic codes 7610 through 7615):	
Symptoms not controlled by continuous treatment	30
Symptoms that require continuous treatment	10
Symptoms that do not require continuous treatment	0
7617 Uterus and both ovaries, removal of, complete:	
For three months after removal	100
Thereafter	150
7618 Uterus, removal of, including corpus:	
For three months after removal	100
Thereafter	130
7619 Ovary, removal of:	
For three months after removal	100
Thereafter:	
Complete removal of both ovaries	
Removal of one with or without partial removal of the other	10
7620 Ovaries, atrophy of both, complete	120
7621 Uterus, prolapse:	
Complete, through vagina and introitus	50
Incomplete	30
7622 Uterus, displacement of:	
With marked displacement and frequent or continuous menstrual disturbances	30
With adhesions and irregular menstruation	10
7623 Pregnancy, surgical complications of:	
With rectocele or cystocele	50
With relaxation of perineum	10
7624 Fistula, rectovaginal:	
Vaginal fecal leakage at least once a day requiring wearing of pad	100
Vaginal fecal leakage four or more times per week, but less than daily, requiring wearing of pad	60

	Rating
Vaginal fecal leakage one to three times per week requiring wearing of pad	30
Vaginal fecal leakage less than once a week	10
Without leakage	0
7625 Fistula, urethrovaginal:	
Multiple urethrovaginal fistulae	100
Requiring the use of an appliance or the wearing of absorbent materials which must be changed more than four times per day	60
Requiring the wearing of absorbent materials which must be changed two to four times per day	40
Requiring the wearing of absorbent materials which must be changed less than two times per day	20
7626 Breast, surgery of:	
Following radical mastectomy:	
Both	180
One	150
Following modified radical mastectomy:	
Both	160
One	140
Following simple mastectomy or wide local excision with significant alteration of size or form:	
Both	150
One	130
Following wide local excision without significant alteration of size or form:	
Both or one	0
Note: For VA purposes:	
(1) <i>Radical mastectomy</i> means removal of the entire breast, underlying pectoral muscles, and regional lymph nodes up to the coracoclavicular ligament..	
(2) <i>Modified radical mastectomy</i> means removal of the entire breast and axillary lymph nodes (in continuity with the breast). Pectoral muscles are left intact..	
(3) <i>Simple (or total) mastectomy</i> means removal of all of the breast tissue, nipple, and a small portion of the overlying skin, but lymph nodes and muscles are left intact..	
(4) <i>Wide local excision</i> (including partial mastectomy, lumpectomy, tylectomy, segmentectomy, and quadrantectomy) means removal of a portion of the breast tissue..	
7627 Malignant neoplasms of gynecological system or breast	100